

FAX TO: Sheila Cook @ 803-544-5110



U.S. Department of Justice
Executive Office for United States Attorneys
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REQUEST FOR VIDEOTAPE SHOWING

_____ **FORMAL** _____ **INFORMAL**

Tape Requested: _____

(Please request one tape per form)

Proposed viewing dates, in order of preference:

(Formal showing dates must be at least 60 days in advance of this request):

- (1) _____
(2) _____
(3) _____

NAME:
AGENCY:
ROOM/BLDG:
STREET:
CITY, STATE, ZIP:
TELEPHONE NBR:
E-MAIL ADDRESS:
FAX NBR:
WORKBOOKS NEEDED

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I understand that tapes and all workbooks must be
returned on time by overnight service at my agency's expense.

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